Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL For FY 2008					ation Number	10/773,55	59		
					Filing Date		2/6/2004		
					amed Invento		i Kobayashi		
Applicant claims small entity status. See 37 CFR 1.27					er Name	Hoa V. L	e		
					Art Unit		1795		
TOTAL AMOUNT OF PAYMENT (\$) 810			Attorney Docket 1217 - 040			0223			
METHOD OF PA	YMENT (check	all that appl	v)						
		1							
Check		☐ Money (		ne Ll	Other (please in	dentify):			
-	ount Deposit Acc				_ Deposit Accou			AND THE PROPERTY OF THE PARTY O	
	above-identified de	-	int, the Director is	s hereby a					
	Charge fee(s) indica		ndomormonto of f	Fac(a)	Charge fe	ee(s) indicated	below, except for t	he filing fee	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Informat nformation and autho			. Credit card inform	ation should	l not be included	on this form. Pr	ovide credit card		
FEE CALCULA	TION (All the fee	s below are	due upon filing	or may b	e subject to a	surcharge.)	uri terminik urinci di medi mer M		
1. BASIC FILIN	G, SEARCH, AN	D EXAMI	NATION FEES						
	FILING	FEES	SEARCH	FEES	EXAMINATION FEES				
		mall Entity		ll Entity		Small Entity			
Application T	Ype Fee (\$)	Fee (\$)		<u>ee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee</u>	s Paid (\$)	
Utility	310	75	510	255	210	105			
Design	210	105	100	50	130	65	***************************************	·········	
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310	-		
Provisional	210	105	0	0	0	0			
2. EXCESS CLA	IM FEES							Small Entity	
Fee Description Fee (\$)								<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) 50								25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple depender							370	185	
Total Claims	<u>- 20 or HP</u>	Extra Cl			Fee Paid (\$)			Dependent Claims	
HP = highest numb	er of total claims paid	= I for, if greater	X than 20.			•	Fee (S	Fee Paid (\$)	
-			(D)	Too Doid (6)		***************************************			
<u>Indep. Claims</u>	<u>- 3 or HP</u> -	<u> Extra Cr</u> =	aims Fee (		Fee Paid (\$)				
HP = highest numb	per of independent cla	ims paid for, i				•			
37 CFR 1	cation and drawing	ation size fe	e due is \$260 (\$1				nce or computer lis		
Total SheetsExtra SheetsNumber of each additional 50 or fraction thereofFee (\$) $-100 =$ $/50 =$ (round up to a whole number) $x$								<u>Fee Paid (\$)</u>	
. OTHER FEE(			Y			,	-	Fees Paid (\$)	
	n Specification,	\$130 fee	(no small entity d	liscount)				rees raid (3)	
Other (e.g., late filing surcharge): Request for Continued Examination								\$810.00	
("O")	-5	, resque	Johnhada i					υυτο.σο	
SUBMITTED BY	7								
Signature	ignature    Gent E Gulden   Registration No. (Attorney/Agent)   25,826   Telephone   412-								
Name (Print/Tvn	Iame (Print/Type) Kent E. Baldauf Date Augu								

Effective on 12/08/2004.